PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

5095-4086

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN	
ls	OTAL CLAIM	S		(Column 1)		(Column 2)				OR	SMALL	ENTITY
<u> </u>			74	24			RA	TE	FEE	4	RATE	FEE
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			24 m	2 4 minus 20=		• 4		9=		OR	XS18=	72.
INDEPENDENT CLAIMS				<u> </u>		1		3=		OR	X86=	86
M	ULTIPLE DEPE	ENDENT CLAIM F	PRESENT	RESENT				5=		OR	+290=	
* If the difference in column 1 is less than zero.					"0" in d	column 2	TOT	AL		OR	TOTAL	9.28
CLAIMS AS AMENDED - PART II							•				OTHER	4
_	- -	(Column 1)		(Colun		(Column 3)	SMA	SMALL ENTITY			SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* .	Minus	-		= .	X\$ 9)=		OR	X\$18=	
	Independent	* ENTATION OF M	Minus	DENIDENT.		=	X43	=		OR	X86=	
<u> </u>	FINST PRES	ENTATION OF M	OLTIPLE DE	PENDENI	CLAIM		+145	i=		OR	+290=	
								TAL	· · · · · · · · · · · · · · · · · · ·	1	TOTAL	
		ADDIT. I	EE L		_	ADDIT. FEE						
8		(Column 1) CLAIMS		(Colum	ST	(Column 3)		F	ADDI-) [ADDI-
AMENDMENT		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	USLY	PRESENT EXTRA	RAT		ΓΙΟΝΑL FEE		RATE	TIONAL FEE
	Total		Minus	**		=	X\$ 9	_		OR	X\$18=	•
	Independent	*	Minus	***		= .	X43:	_		OR	X86=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	TIPLE DEPENDENT C								
										OR	+290=	
							AL EE	,	OR ,	TOTAL DDIT. FEE		
•	<u> </u>	(Column 1)		(Columi		(Column 3)	•	•				
5		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOU PAID FO	IR JSLY	PRESENT EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=	
	Independent		Minus	Water to the state of the state	ļ	=	X43=	十		.	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							╁		OR	700-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
II	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." A									OR A	TOTAL DDIT. FEE	
Ţ	he "Highest Num	mber Previously Paid ber Previously Paid	For (Total or	SPACE is li Independent	ess thạn I) is the h	3, enter *3.* ighest number f			priate box			